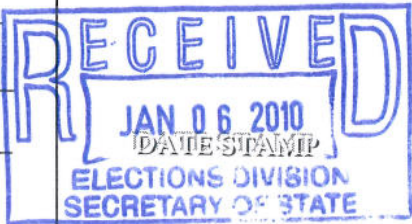


Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Jimmy G. Puckett  
Full Address 508 8<sup>th</sup> St. South, Amory, MS. 38821  
Telephone 662-315-0223 (Fax) \_\_\_\_\_  
E-mail jpuckett@house.ms.gov  
Office Sought MS House/Dist. 20 Political Party Demo



☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Ending 2008 Balance  
\$ 685.37  
Calendar  
year-to-date

(itemized + non-itemized)	This Period	
Total amount of contributions	\$ 2,085.00	\$ 2085.00
Total amount of disbursements	1556.62	\$ 1556.62
Total amount of cash on hand	\$ 1213.75	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jimmy G. Puckett  
Signature of Candidate

1-3-2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1.Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Jimmy G. Puckett  
 Reporting period Jan 1, 2009 through Dec 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>Mississippi LUPAC</u>		<u>10/28/09</u>	\$ <u>200.00</u>
Mailing Address			
<u>P.O. Box 13649</u>		<u>1/1/</u>	\$
City, State, Zip Code			
<u>Jackson, MS. 39236</u>		<u>1/1/</u>	\$
Name of Employer (Required)			
<u>MS. LUPAC</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
<u>PAC</u>			
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>MAE-PAC - Employees + Agents State Farm</u>		<u>12/10/09</u>	\$ <u>500.00</u>
Mailing Address			
<u>P.O. Box 39</u>		<u>1/1/</u>	\$
City, State, Zip Code			
<u>Olive Branch, MS. 38654</u>		<u>1/1/</u>	\$
Name of Employer (Required)			
<u>MAE-PAC</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
<u>PAC</u>			
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>ATT + T MS. PAC</u>		<u>9/18/09</u>	\$ <u>200.00</u>
Mailing Address			
<u>175 E. Capital St. Landmark Center</u>		<u>1/1/</u>	\$
City, State, Zip Code			
<u>Jackson, MS. 39201</u>		<u>1/1/</u>	\$
Name of Employer (Required)			
<u>ATT MS. PAC</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.00</u>
<u>ATT MS PAC</u>			
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
<u>Eutaw Construction Co. Inc</u>		<u>10/27/09</u>	\$ <u>1000.00</u>
Mailing Address			
<u>P.O. Box 36</u>		<u>1/1/</u>	\$
City, State, Zip Code			
<u>Aberdeen, MS. 39730</u>		<u>1/1/</u>	\$
Name of Employer (Required)			
<u>Eutaw Construction</u>		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
<u>Construction</u>			



Name of Candidate or Committee Jimmy G. Puckett  
 Reporting period Jan 1, 2009 through Dec 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name	WAFM Radio	1-12-09 \$125.00	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 458	3-17-09 100.00 5-4-09 150.00	___/___/___	\$ 375.00
City, State, Zip Code	Amory, MS. 38821		___/___/___	\$
Purpose of Disbursement (Optional)	Ads to support schools/sports		Aggregate Year-to-date	\$ 375.00
B. Full name	MS House VPAC - Democratic Leadership		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 2742		12/11/09	\$ 200.00
City, State, Zip Code	Jackson, MS. 39207		12/21/09	\$ 200.00
Purpose of Disbursement (Optional)	Help Democratic Party Candidates		Aggregate Year-to-date	\$ 400.00
C. Full name	Hamilton News / Co Kathy Reed		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	40149 Holloway Rd		___/___/___	\$
City, State, Zip Code	Hamilton, MS. 39746		___/___/___	\$
Purpose of Disbursement (Optional)	Advertising to support Hamilton Schools		Aggregate Year-to-date	\$ 195.00
D. Full name	Monroe County Shopper		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 357		___/___/___	\$
City, State, Zip Code	Amory, MS. 38821		___/___/___	\$
Purpose of Disbursement (Optional)	Advertise / Christmas Greetings		Aggregate Year-to-date	\$ 110.00
E. Full name			Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			___/___/___	\$
City, State, Zip Code			___/___/___	\$
Purpose of Disbursement (Optional)			Aggregate Year-to-date	\$
F. Full name			Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address			___/___/___	\$
City, State, Zip Code			___/___/___	\$
Purpose of Disbursement (Optional)			Aggregate Year-to-date	\$

Total Itemized for 2009 \$1080.00 SS04-06